

# ABSENCE-FROM-DUTY REQUEST/REPORT

■ For discretionary leave, this form must be submitted for approval to Supervisor prior to the time you are requesting to be absent from duty. For all other leave, this form must be submitted immediately upon return and no later than two days prior to the next pay period.

■ Absences of **3** or more consecutive days for personal or family illness must have a written statement from a health care practitioner attached.

■ Employees requesting or reporting extended leave of five days must schedule a conference with the personnel office.

■ Leave requests will be granted in accordance with board policy DEC.

|                                                                                                                                                                                                                                                                                                                                                  |                           |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------|
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                     | <b>Position:</b>          | <b>Date:</b>                   |
| <b>Reason for absence</b>                                                                                                                                                                                                                                                                                                                        | <b>Date(s) of absence</b> | <b>Total hours/days absent</b> |
| <input type="checkbox"/> Personal illness or medical appointment<br>Is illness or injury work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                  |                           |                                |
| <input type="checkbox"/> Illness or medical appointment in family<br><i>Specify relationship:</i>                                                                                                                                                                                                                                                |                           |                                |
| <input type="checkbox"/> Death in family<br><i>Specify relationship:</i>                                                                                                                                                                                                                                                                         |                           |                                |
| <input type="checkbox"/> Emergency<br><i>Specify:</i>                                                                                                                                                                                                                                                                                            |                           |                                |
| <input type="checkbox"/> Personal business                                                                                                                                                                                                                                                                                                       |                           |                                |
| <input type="checkbox"/> Leave to care for a newborn child or for placement of a child                                                                                                                                                                                                                                                           |                           |                                |
| <input type="checkbox"/> Jury duty or subpoena ( <i>attach documents</i> )                                                                                                                                                                                                                                                                       |                           |                                |
| <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                   |                           |                                |
| Employee signature: _____                                                                                                                                                                                                                                                                                                                        |                           | Date:                          |
| <b>Is Substitute Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                            |                           |                                |
| Principal/Supervisor signature: _____                                                                                                                                                                                                                                                                                                            |                           | Date:                          |
| Leave status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved                                                                                                                                                                                                                                                             |                           |                                |
| <i>For office use only:</i>                                                                                                                                                                                                                                                                                                                      |                           |                                |
| <b>Category and amount of leave recorded:</b>                                                                                                                                                                                                                                                                                                    |                           |                                |
| <input type="checkbox"/> State personal leave _____ hours/days <input type="checkbox"/> State sick leave _____ hours/days<br><input type="checkbox"/> Local leave _____ hours/days <input type="checkbox"/> Family and medical leave _____ hours/days<br><input type="checkbox"/> Temporary disability _____ days <input type="checkbox"/> Other |                           |                                |
| Notice provided to employee: <input type="checkbox"/> FMLA <input type="checkbox"/> Worker' compensation                                                                                                                                                                                                                                         |                           |                                |
| Name of Substitute: _____                                                                                                                                                                                                                                                                                                                        |                           |                                |
| Date(s) of Service: _____                                                                                                                                                                                                                                                                                                                        |                           |                                |